

## New CERT Report Reveals E/M Errors Remain High

The Centers for Medicare and Medicaid Services (CMS) has released the most recent results of the latest Comprehensive Error Rate Testing Program (CERT), and included in the report is a list of the most overutilized codes. Topping the list once again are evaluation and management services.

As you can see from the table below, five of the top six errors relate to evaluation and management services and the chief cause of the errors is incorrect coding.

**Top Service Type Error Rates: Carriers and MACs**

| Service Type Billed to Carriers (BETOS codes) | Paid Claims Error Rate | 95% Confidence Interval | Type of Error |              |                  |                  |       |
|---|------------------------|-------------------------|---------------|--------------|------------------|------------------|-------|
|   |                        |                         | No Doc.       | Insuff. Doc. | Med. Unnec. Svcs | Incorrect Coding | Other |
| Consultations                                 | 16.2%                  | 14.7%–17.7%             | 1.5%          | 10.3%        | 0.6%             | 86.9%            | 0.7%  |
| Hospital visit—initial                        | 14.5%                  | 11.9%–17.0%             | 5.4%          | 15.3%        | 0.0%             | 75.3%            | 4.0%  |
| Office visits—new                             | 14.5%                  | 12.3%–16.6%             | 0.0%          | 2.3%         | 0.2%             | 96.9%            | 0.5%  |
| Nursing home visit                            | 12.5%                  | 10.6%–14.3%             | 13.9%         | 16.3%        | 0.8%             | 68.9%            | 0.0%  |
| Specialist—other                              | 12.3%                  | 5.3%–19.3%              | 1.4%          | 31.9%        | 3.8%             | 63.0%            | 0.0%  |
| Hospital visit—subsequent                     | 11.3%                  | 10.0%–12.7%             | 9.5%          | 33.0%        | 0.1%             | 53.6%            | 3.7%  |

CMS uses the CERT results to implement changes that will lower the paid claims error rate. Some of these efforts, listed below, include using the First Look Analysis Tool for Hospital Outlier Monitoring (FATHOM) that generates state-specific hospital billing reports to help quality improvement organizations (QIOs) analyze administrative claims data and target interventions with hospitals.

1. Continuing one-on-one educational contacts with providers with indicators of high levels of payment errors
2. Developing projects with the QIOs addressing state-specific admissions necessity, coding, and billing concerns
3. Distributing FATHOM-generated hospital-specific reports
4. Developing and distributing QIO-specific payment error cause analyses
5. Conducting national training on the use of FATHOM reports in compliance efforts

Your practice can use the CERT study to identify areas of potential risk and determine where additional education and training are needed.

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